

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035715

STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 487

1. PLACE OF DEATH a. COUNTY Cape		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. CITY OR TOWN Parma	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital		Length of stay in lb 2wks.	d. STREET ADDRESS Route 2 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) JOHN ^{First} LEE ^{Middle} RHEA ^{Last}			4. DATE OF DEATH October 7, 1958 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 21, 1885	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Thomas J. Rhea			14. MOTHER'S MAIDEN NAME Lydia Ann Stepp		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Nora Rhea, Parma, Mo. Route 2 Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Pancreatitis		INTERVAL BETWEEN ONSET AND DEATH One year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from 9-22-58 to 10-7-58 and last saw her him alive on 10-7-58
Death occurred at 1:20 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>W. O. Sheehan, M.D.</i>	22b. ADDRESS <i>Cape Girardeau, Mo.</i>	22c. DATE SIGNED <i>10-10-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 9, 1958	23c. NAME OF CEMETERY OR CREMATOR Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Malden Missouri
24. FUNERAL DIRECTOR ADDRESS Landess Funeral Home, Campbell, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 17, 1958	26. REGISTRAR'S SIGNATURE <i>Mrs. Homer Cooper</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Christina M. Landess*

Licensed Embalmer No... *47*

P. O. Address *Campbell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.